



PROPOSED RULE MAKING

CR-102 (June 2004)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

Agency: Health Care Authority (HCA) – Public Employees' Benefits Board (PEBB) Administrative Order #06-01

☒ **Preproposal Statement of Inquiry was filed as WSR 06-02-092 ; or**

☐ **Expedited Rule Making--Proposed notice was filed as WSR _____; or**

☐ **Proposal is exempt under RCW 34.05.310(4).**

☐ **Original Notice**

☐ **Supplemental Notice to WSR _____**

☒ **Continuance of WSR 06-06-080**

Title of rule and other identifying information: (Describe Subject)

Change in the hearing date and start time of the hearing from the original filed on March 1, 2006, under WSR 06-06-080.

Hearing location(s):

Health Care Authority
676 Woodland Square Loop SE
Olympia, WA
The Center Conference Room

Date: April 24, 2006 Time: 1:30 p.m.

Date of intended adoption: April 28, 2006

(Note: This is **NOT** the **effective** date)

Submit written comments to:

Name: Barbara Scott

Address: 676 Woodland Square Loop SE

PO Box 42684

Olympia, WA 98504-2684

e-mail bsco107@hca.wa.gov

fax (360) 923-2602 by (date) April 24, 2006

Assistance for persons with disabilities: Contact

Nikki Johnson by April 20, 2006

TTY (888) 923-5622 or (360) 923-2805

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

Reasons supporting proposal:

Statutory authority for adoption:

Statute being implemented:

Is rule necessary because of a:

Federal Law?

☐ Yes ☒ No

Federal Court Decision?

☐ Yes ☒ No

State Court Decision?

☐ Yes ☒ No

If yes, CITATION:

CODE REVISER USE ONLY

Information input by Agency

CODE REVISER'S OFFICE

STATE OF WASHINGTON

FILED

April 5, 2006

DATE

NAME (type or print)

Pete Cutler

SIGNATURE

TITLE

Rules Coordinator

TIME 11:14 a.m.
WSR 06-08-107

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

Name of proponent: (person or organization)

- ☐ Private
☐ Public
☐ Governmental

Name of agency personnel responsible for:

Name

Office Location

Phone

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

☐ No. Explain why no statement was prepared.

Is a cost-benefit analysis required under RCW 34.05.328?

☐ Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

☐ No: Please explain: